

Weir (R. F.)

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FROM

STRICTURE OF THE URETHRA;
AMPUTATION.

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FROM ARCHIVES OF DERMATOLOGY;

VOL. I.—NO. I.



NEW YORK:
G. P. PUTNAM'S SONS,
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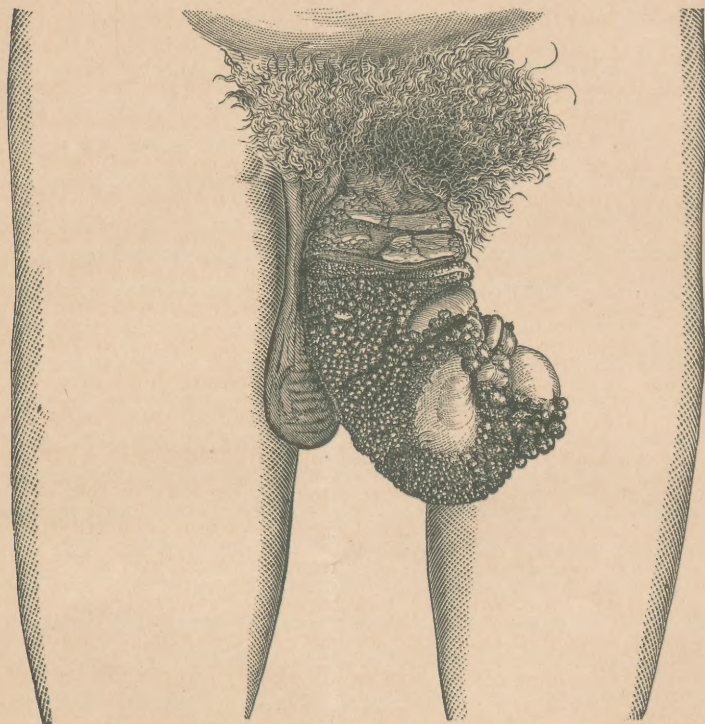
ELEPHANTIASIS OF THE PENIS FROM STRICTURE
OF THE URETHRA; AMPUTATION.

BY ROBERT F. WEIR, M. D.,

Attending Surgeon to the Roosevelt and St. Luke's Hospitals, etc.

THE following unique case entered the Roosevelt Hospital during my term of service in June, 1873. It occurred in a man of enfeebled condition of body, aged fifty-nine years, and by occupation a watchman, and who had never lived in a hot climate. The penis measured nearly seven inches in length and ten inches at its greatest circumference. Its shape and peculiarities are best understood by reference to the accompanying woodcut. There it will be seen, that the disease involved nearly the whole of the antescrotal portion of the penis, and that its greatest intensity was most manifested along the under surface of the penis in the region of the retracted prepuce. Along the base of the glans and especially at the frænum the hypertrophy was, by comparison, markedly distinct; the latter being converted into an irregular bunch of grape-like masses, though of a normal color. The rest of the glans was unchanged. The integument of the involved portion of the penis was not only much thickened and in spots brawny but also immovable upon the body of the penis, and had become developed into a multitude of nearly equal sized papillæ, which, though closely apposed to each other, could readily be separated, and were thus ascertained in many places to be nearly half an inch in length. Toward the root the papillomatous formation disappeared, and the usual brawny, irregular appearance of true elephantiasis presented itself, marked, however, by several openings through which urine and pus escaped freely on pressure, and also during micturition. But no urine flowed through the meatus at any time. From the meatus only a small instrument could be passed downward to a distance of two and a half inches, and was not then held by the grasp of a stricture,

but simply met an obstruction which was not to be overcome by flexible bougies, conical and otherwise. Nor could a probe or other instrument be passed through the fistulous openings into the urethra. The scrotum was normal.



The history given by the patient threw considerable light on his case. He stated that when he was eighteen years old he had gonorrhœa, but was readily cured, and experienced no trouble after that time until he was forty-four years old, that is fifteen years ago, when, being then actively engaged in lifting heavy logs, he passed blood from the urethra for several days and without much pain. On subjecting this point of his history to a closer examination, he acknowledged that he had had occasion to empty his bladder for some time previous to this more frequently than usual, and also at

night. After the hemorrhage ceased he noticed nothing further until four years after, when a painless lump appeared on the under surface of the middle of the penis on the right side, which remained quiescent for four years, when it opened and pus and urine came from it. Coincident with this nodule and resulting from it, he thought, the size of the stream of urine diminished, and after the urine escaped from the fistula in the penis it ceased to flow through the meatus, and has not passed through the latter opening since. With the discharge of the abscess came the slow enlargement of the penis, generally painless, though at times there would be more rapid but temporary enlargement, and then it was attended with pain. The growth in size did not advance much after the third year, and in the last three or four years but little change has occurred in the organ save that one urinary fistula would sometimes close and another break out elsewhere, generally in one of the sulci formed by the partial overlapping of the hypertrophied integument.

From these details it was probable that a stricture of long duration had been the cause of the hypertrophy — a stricture presumably of moderate calibre, and augmented by the inflammatory action excited by the laceration whence the hemorrhage came, and culminating in the formation of an urethral abscess from slight extravasation, and subsequent more or less extensive œdemas, repeated from time to time, and of a similar origin.

With this view of the case, and taking into consideration the involvement of the glans, together with his age and condition, amputation of the penis was advised and performed under ether, June 30th, by a single stroke of an amputation knife, about an inch anterior to the root of the penis, which was, after somewhat retracting the skin, pinched firmly and held by my colleague Dr. Sands. Three ligatures were applied to spiriting vessels, one in each corpus, the urethra was slit on its inferior surface to the extent of half an inch, and the mucous membrane turned out and attached to the integument, creating thus, after the plan suggested by Ricord, Sedillot and Teale, a meatus capable of admitting the

little finger; the rest of the stump was closed by suturing the skin over the divided corpora cavernosa.

The progress of the patient was perfectly satisfactory; from time to time a large sized sound was passed to insure due width of the new meatus, and prior to his departure from the hospital on the 2d of August, No. 30 (French) sound was passed with ease. He was moreover seen by me six months later, urination was easily effected, and No. 28 (French) sound readily entered the bladder.

The section of the specimen now in the hospital museum, showed the correctness of the conclusion.

The following is an extract from the records of Dr. Delafield, the Pathologist of the hospital: "The entire penis is enlarged. The skin over most of the body and glans is smooth but the prepuce and skin near it is covered with large papillæ. When the organ is laid open, the enlargement in size is found to be due to an increase of fibrous tissue in the deep layer of the cutis, producing a dense fibrous mass with, in places, hypertrophy of the papillæ. The urethra is completely closed at the middle of the penis, and the false passages already mentioned are also found."

There were also recognized the irregular vacuities called by Kaposi and others hypertrophied lymph spaces.

Remarks.—According to Kaposi,* who has written an excellent summary on this subject, elephantiasis of the genitals ranks second in frequency, the order given by him being, a lower extremity (both, only rarely), external genitals, the upper extremities, the external ear, skin of the cheeks, the anus and lastly the female breast. Of the variety to which the above case belongs, but a few of anything like a similar size are recorded, and none so far as I have been able to investigate, having stricture of the urethra as a cause. Bryant,† however, gives one where the penis measured eight inches round and six long. The patient declined having anything done for it, being rather proud of it. He sought advice for the treat-

* Hebra. 3d. vol. New. Syd. Trans.

† Surgery, p. 600.

ment of a gonorrhœa, though he admitted that he had never been able to have true coitus since the disease had existed, four or five years. Voillemier* also describes a case where the sheath of the penis and prepuce were enormously hypertrophied, the organ reaching to the knees, and having a circumference of $19\frac{1}{2}$ inches at its thickest portion, the glans and fraenum were, however, not involved and were hidden by the elongated prepuce which projected beyond the meatus urinarius more than a finger's length; the scrotum in this case was also invaded by the disease, but only to a moderate degree. The same author also reports, in the same journal, another case of elephantiasis affecting the prepuce.

In a lesser degree, the disease affecting the prepuce alone, it is not so rare. In Bergeron's *Thèse., De L'Elephantiasis des parties génitales*, several of the latter are given, and also a number of the more usual form where the penis and scrotum are coincidentally affected, but none where the penis alone was involved. The case of Dr. Thebaud,† where the enlargement of the scrotum and penis formed a tumor weighing some seventy pounds after its successful removal, is the most recent instance in this city of the more usual variety. Tumors of this kind, it may be said, reach even greater size than this, Wilks‡ removing one of 156 pounds weight. Larrey§ mentions one of over 200 pounds and Clot Bey's|| largest tumor weighed 110 pounds.

Although not mentioned by any of our standard authors as even one of the rarer complications of stricture, yet in this instance the sequelæ of the urethral obstruction must be classed among "the local disturbances of the circulation and chronic recurrent inflammations of the vessels and lymphatics," assigned as causes by Kaposi in his definition of Elephantiasis Arabum. In the extremities he cites as important factors of this disease, chronic recurrent erysipelas and cedema. These, however, are rarely met

* Annales de Dermatologie et de Syphiligraphie. No. 1. 1874.

† N. Y. Med. Journal, May, 1867.

‡ Titley, Diseases of the genitals of the male.

§ Larrey, Mem. de Chirurg. T. ii.

|| Lancet, 1831.

with in the genitals, and he adds to these causes a number of conditions that might maintain local hindrances to the circulation, thus embracing under this disease certain deformities, frequently called pseudo-elephantiasis, two notable instances of which have lately occurred at St. Luke's Hospital, one resulting from long continued pressure on the popliteal vessels by marked luxation in chronic strumous synovitis, and the other from necrosis of the tibia.

It is proper to add here in reference to the treatment adopted, that, under circumstances where the general health, age, etc., were more favorable, the surgical procedure successfully resorted to in Voilleimer's case, of removing the greater portion of the mass inferiorly and laterally, and covering the penis with flaps from the scrotum, even though they were made out of the diseased tissue, might be resorted to. For he and others have observed that this does not form a focus for new development, and in the present case a portion of the covering of the stump was formed of thickened tissue, which subsequently shrunk to a natural condition.

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